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CH

ISSUE SLIP STAPLE ARE 1 (for additional cross references)

| POSITION | INITIALS | ID. NO. | DATE |
|---------------------|----------|---------|---------|
| FEES DETERMINATION | 14-G | | 1/19/99 |
| O.I.P.E. CLASSIFIER | | 48 | 1/15/99 |
| FORMALITY REVIEW | CJ | 6610116 | 12-1-99 |

Best Available Copy

INDEX OF CLAIMS

| | | | |
|---|----------------------------|---|--------------|
| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| - | (Through numeral) Canceled | A | Appeal |
| + | Restricted | O | Objected |

| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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